## Appendix C



or FAX to: (916) 322-1005







DEPARTMENT OF TOXIC SUBSTANCES CONTROL PO Box 806 SACRAMENTO, CA 95812-0806

## 2002 HAZARDOUS WASTE REPORT FILING DATE EXTENSION REQUEST

I request a fil for the follow	ing date extension for the ng facility:	e 2002 Hazardous Was	te Report	
EPA ID L				
Site Name:				
Site Location	Address:			
City:		State:	Zip:	
	e:			
Email Addres	s:			
Phone Numb	er of			
Contact:			Ext	_
REASON FO	R EXTENSION:			
Authorized Signature of the Facility:			Date:	_
Return to:	Department of Toxic S Hazardous Waste Man Attn: Biennial Report S 1001 I St, 11th Floor, P Sacramento, CA 95812	nagement Program Staff PO Box 806		